

<i>SERFF Tracking Number:</i>	<i>UNFG-126390299</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44146</i>
<i>Company Tracking Number:</i>	<i>LIU-396 (1-10)</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>LIU-396 (1-10)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: United Life Insurance Company

Product Name: LIU-396 (1-10)

TOI: L07I Individual Life - Whole

SERFF Tr Num: UNFG-126390299 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44146

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: LIU-396 (1-10)

Filing Type: Form

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Joanne Young

Date Submitted: 11/20/2009

Disposition Date: 11/23/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: 01/01/2010

State Filing Description:

Implementation Date:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/23/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: filed

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/23/2009

Created By: Joanne Young

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Joanne Young

Filing Description:

This is an endorsement that will be added to our new issue Single Premium Whole Life policies where they have elected to pay the single premium in equal installments during the first policy year.

We want to offer the option to pay the single premium in equal installments during the first policy year.

Our forms are individually marketed by our contracted agents. To the best of our knowledg, this form contains no unusual or possibly controversial items from normal company or industry standards.

Thank you for your consideration.

SERFF Tracking Number: UNFG-126390299 State: Arkansas
Filing Company: United Life Insurance Company State Tracking Number: 44146
Company Tracking Number: LIU-396 (1-10)
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: LIU-396 (1-10)
Project Name/Number: /

Company and Contact

Filing Contact Information

Joanne Young, Analyst jyoung@unitedfiregroup.com
118 2nd Ave SE 319-286-2620 [Phone]
PO Box 73909 319-286-2570 [FAX]
Cedar Rapids, IA 52407-3909

Filing Company Information

United Life Insurance Company CoCode: 69973 State of Domicile: Iowa
118 2nd Ave SE Group Code: 248 Company Type: Life
PO Box 73909 Group Name: United Fire Group State ID Number:
Cedar Rapids, IA 52407-3909 FEIN Number: 42-6061188
(319) 399-5700 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Life Insurance Company	\$20.00	11/20/2009	32202218

SERFF Tracking Number:	UNFG-126390299	State:	Arkansas
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TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.111 Single Premium - Single Life
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/23/2009	11/23/2009

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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>LIU-396 (1-10)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 11/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Endorsement to Form 39		Yes

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Form Schedule

Lead Form Number: LIU-396 (1-10)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LIU-396 (1-10)	Policy/Cont Endorsement to ract/Fratern Form 39 al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	LIU-396 (1-10).pdf

UNITED LIFE INSURANCE COMPANY
Cedar Rapids, Iowa

ENDORSEMENT TO FORM LIU-39

Form LIU-39 to which this is attached is amended as follows:

1. Provision 1. DEATH BENEFIT PROCEEDS DEFINED

The entire provision is replaced with the following wording:

If the total single premium has been paid in full, either in lump sum or by installments, the death benefit will be the amount shown in SECTION I.

If no installment premium is more than 31 days past due, but the total single premium has not yet been paid, the balance of the single premium will be deducted from the death benefit shown in SECTION I.

If an installment premium is more than 31 days past due, the death benefit payable under this policy will be reduced as provided under the Payment provision.

2. Provision 4. PAYMENT

The entire provision is replaced with the following wording:

This policy is effective and the single premium due on the policy date. You may elect to pay the single premium in equal installments during the first policy year. The installments may be paid semi-annually or monthly (only by pre-authorized checking account withdrawal). The installment premium is equal to the single premium multiplied by .52 for a semi-annual interval or divided by 12 for the monthly pre-authorized withdrawal.

Payment of the first installment (first two installments in the instance of the monthly pre-authorized withdrawals) is required to place this policy in force. Subsequent semi-annual payments must be mailed to us at our Home Office.

You are allowed a grace period of 31 days for the payment of any installment premium after the first. If the insured dies during the grace period, the total amount of any unpaid installment premiums will be deducted from the death benefit proceeds.

If an installment premium has not been paid at the end of the grace period and the insured has not died, the face amount of this policy will be reduced and paid up. The reduced face amount will be a proportion of the original amount shown in SECTION I. The proportion is the total installment premiums paid divided by the total installment premiums.

3. Provision 5. CASH VALUE

The entire provision is replaced with the following wording:

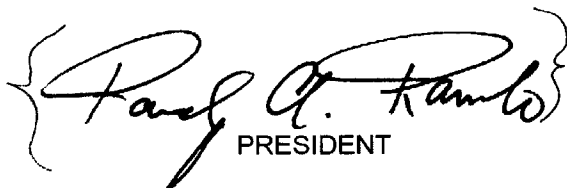
While any portion of the installment premiums remains due and unpaid, the cash value will be a proportion of the cash value shown in SECTION II. The proportion is the total installment premiums paid divided by the total installment premiums.

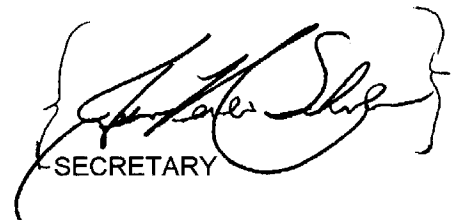
While this policy is being continued with a reduced face amount as provided in number 2. above, the cash value will be a proportion of the value shown in SECTION II. The proportion is the total installment premiums paid divided by the total installment premiums.

4. Provision 9. LOAN VALUE

The following sentence is added at the end of this provision:

If the single premium shown in SECTION I is being paid in installment premiums, no loans are available from this policy so long as any portion of the installment premiums remains unpaid.


PRESIDENT


-SECRETARY

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
AR.pdf		

	Item Status:	Status
		Date:
Satisfied - Item:	Application	
Comments:		
The application used will be LIU-113 (4-09). It was approved by your office on 2/9/09.		

	Item Status:	Status
		Date:
Bypassed - Item:	Life & Annuity - Acturial Memo	
Bypass Reason:	N/A	
Comments:		

CERTIFICATION OF READABILITY

State of
Arkansas

Form Number
LIU-396 (1-10)

Flesch Readability Score
46.6

I certify that to the best of my knowledge and belief, the above referenced form meets or exceeds the readability, legibility, and format requirements of any applicable laws and regulations of the state of Arkansas.



Jean Newlin Schnake, Secretary
United Life Insurance Company

November 20, 2009
Date